

Name  
in  
Full

## CERTIFICATE OF DEATH

Mary F. Cephus

Town

County

MARYLAND

Died at

Barday

L. S.

Date

Month

Day

Years

Months

Days

of death 1905

10

22

Age

21

2

21

Sex

Female

Color or  
Race

Colored

Birth-  
place

Near Barday

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John W. Cephus

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary Ewing

Mother's  
Birthplace

Md

Name of person giving  
In formation

John Cephus

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

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Name  
in  
Full

## CERTIFICATE OF DEATH

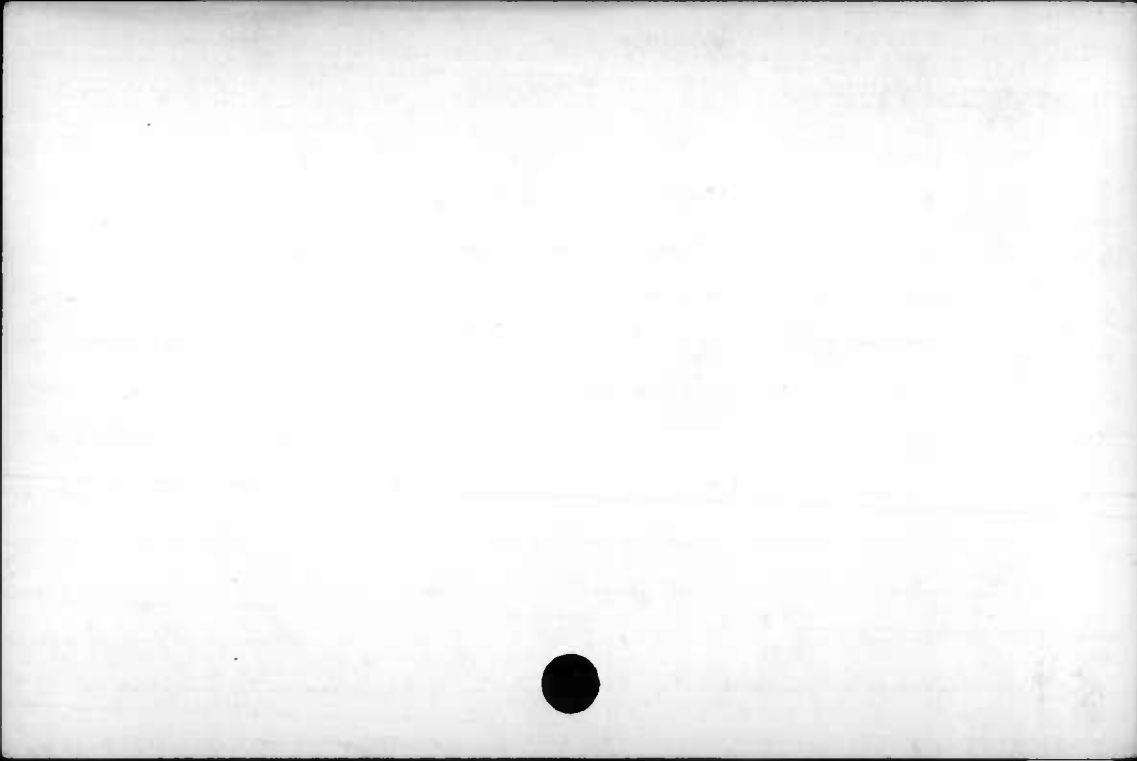
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James H Edmonstone</i>		Town <i>Jacksons Creek</i>		County <i>Queen Anne</i>		MARYLAND	
Died at <i>Jacksons Creek</i>		Month <i>Oct.</i>		Day <i>22</i>		Age <i>69</i>	
Date of death <i>1905</i>		Sex <i>male</i>		Color or Race <i>White</i>		Birth-place	
Occupation <i>Cyfferman</i>		Where Residing if not at place of death <i>Place of death</i>		Months		Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		How related to deceased <i>Friend</i>			
Name of person giving Information <i>Robert Macneal</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic valvulitis &amp; cardiac hypertrophy</i>		How long <i>5-6 years</i>	
Immediate <i>Cardiac dilatation - asystole</i>		How long <i>4-6 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. Adams</i>	
		Address <i>Queenstown, Md.</i>	
Accident or Suicide?			



Name  
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Rachel Stallis

## CERTIFICATE OF DEATH

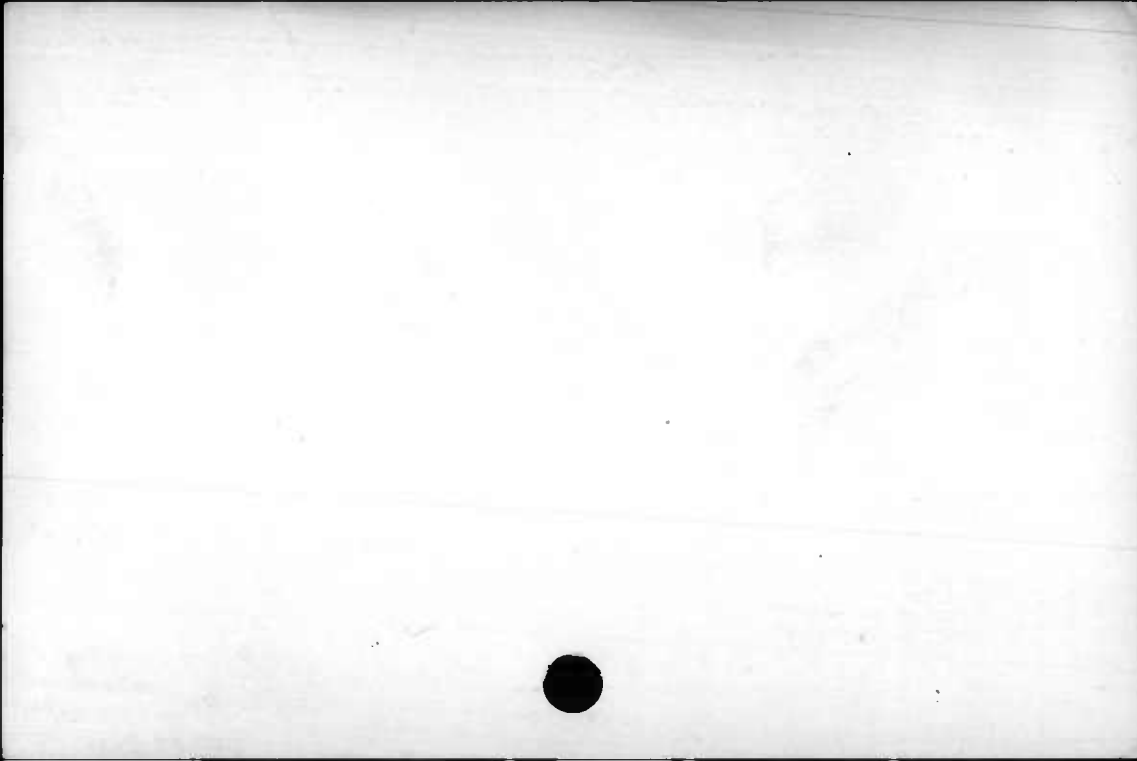
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Centerville</u> <sup>Town</sup>		<u>20.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	Month <u>10</u>	Day <u>9</u>	Years <u>65</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Kent Island Md</u>		
Occupation <u>Thacker roomau</u>	Where Residing if not at place of death		<u>Place of death</u>		
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband				
Father's Name <u>Chas. Stallis</u>	Father's Birthplace <u>20. les</u>				
Mother's Maiden Name <u>Angelina Ayers</u>	Mother's Birthplace <u>20. les</u>				
Name of person giving information <u>Jae Stallis</u>	How related to deceased <u>Brother</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>2 yrs</u>
Immediate <u>Exhaustion</u>	How long <u>3 or 4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Mark Krause MD</u>
	Address <u>Centerville</u>
Accident or Suicide? <u>No</u>	<u>Md</u>



Name  
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Full

## CERTIFICATE OF DEATH

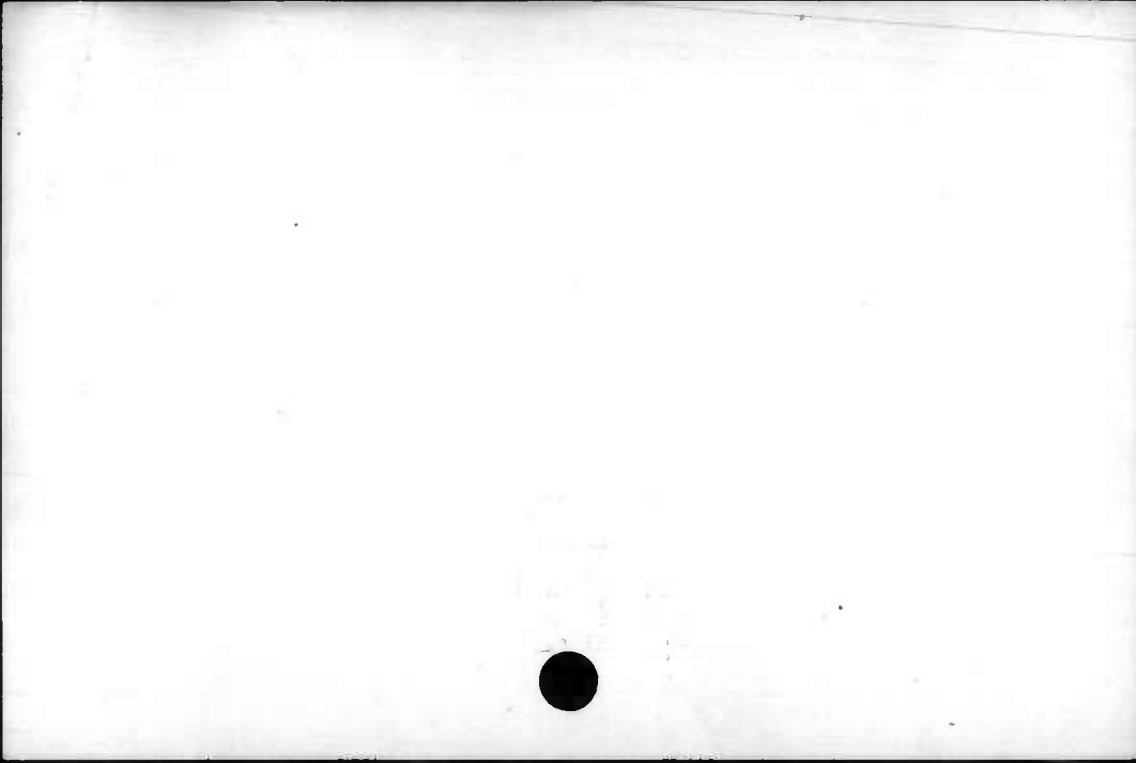
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Centerville</i>		Town <i>Centerville</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death 190 <i>5</i>		Month <i>Oct</i>	Day <i>7</i>	Age <i>6</i>	Years <i>6</i>	Months <i>6</i>	Days
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Centerville Md</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Alice Hawkins</i>				Mother's Birthplace			
Name of person giving information <i>Mother, Alice Hawkins</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Improper feeding</i>	How long	<i>all his life</i>
Immediate	<i>Mal-nutrition</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo Bodley</i>	
		Address <i>Centerville Md,</i>	
Accident or Suicide?			



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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Stager* TownCounty *A.*Date of death *1905 Oct.*Day *8*Years *20* Age

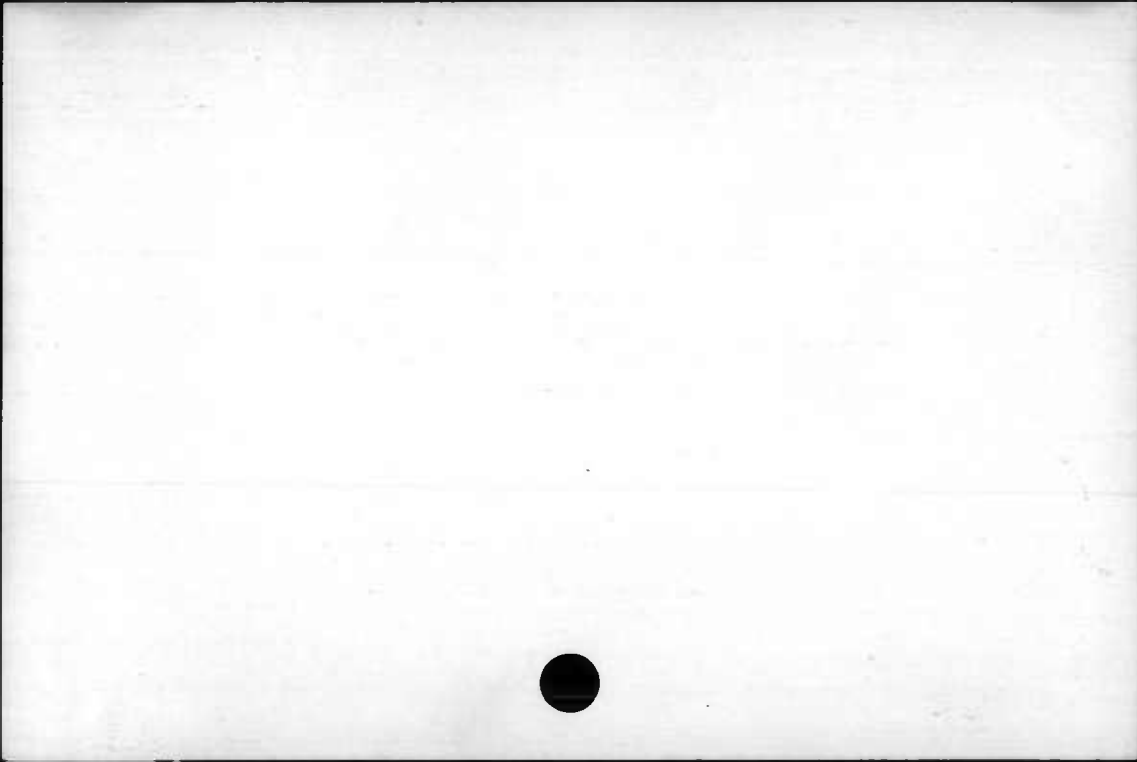
Months

Days

Sex *Female*Color or  
Race *colored*Birth-  
place *I.A. Co*Occupation *House work*Where Residing if not  
at place of death *Stager, Md*Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
Birthplace *I.A. Co*Mother's  
Maiden Name *Mary Whittington*Mother's  
Birthplace *I.A. Co*Name of person giving  
In formation *John H. Boekerman*How related  
to deceased *Son*

## CAUSES OF DEATH

Primary *Supposed to be*How long *154*Immediate *General Debility*How long *9 months*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician *Wm Dr*Address *Centerville Md*Accident or Suicide? *Undertaker*PHYSICIAN  
OR CORONER



Name  
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*Child Jenkins*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar Barclay</i>		Town <i>Queen Anne</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Oct</i>	Day <i>2</i>	Age	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>			Birth-place <i>Mar Barclay</i>			
Occupation <i>Child</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Laurance Jenkins</i>				Father's Birthplace <i>South Carolina</i>			
Mother's Maiden Name <i>Vergy Gibbs</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Laurance Jenkins</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>151</i>	How long
Immediate <i>Premature</i>	<i>151</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Doctor</i>	
<i>yes</i>	Address <i>Laurance Jenkins</i>	
Accident or Suicide?	<i>Barclay Md</i>	



Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jennie R. Newnam

Town

County

Died at, Near Creighton

Queen Anne

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

Oct

23

Age

1

11

Sex

Female

Color or  
Race

White

Birth-  
place

Queen Anne Co

Occupation

Where Residing if not  
at place of death

At home

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Wm Newnam

Father's  
Birthplace

G.A. Co

Mother's  
Maiden Name

Emma Everett

Mother's  
BirthplaceName of person giving  
Information

Wm Newnam

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Colitis

How long

4 Months

Immediate

Convulsions

How long

3 hours

Are the name, age, sex, color, date  
and place correctly given above

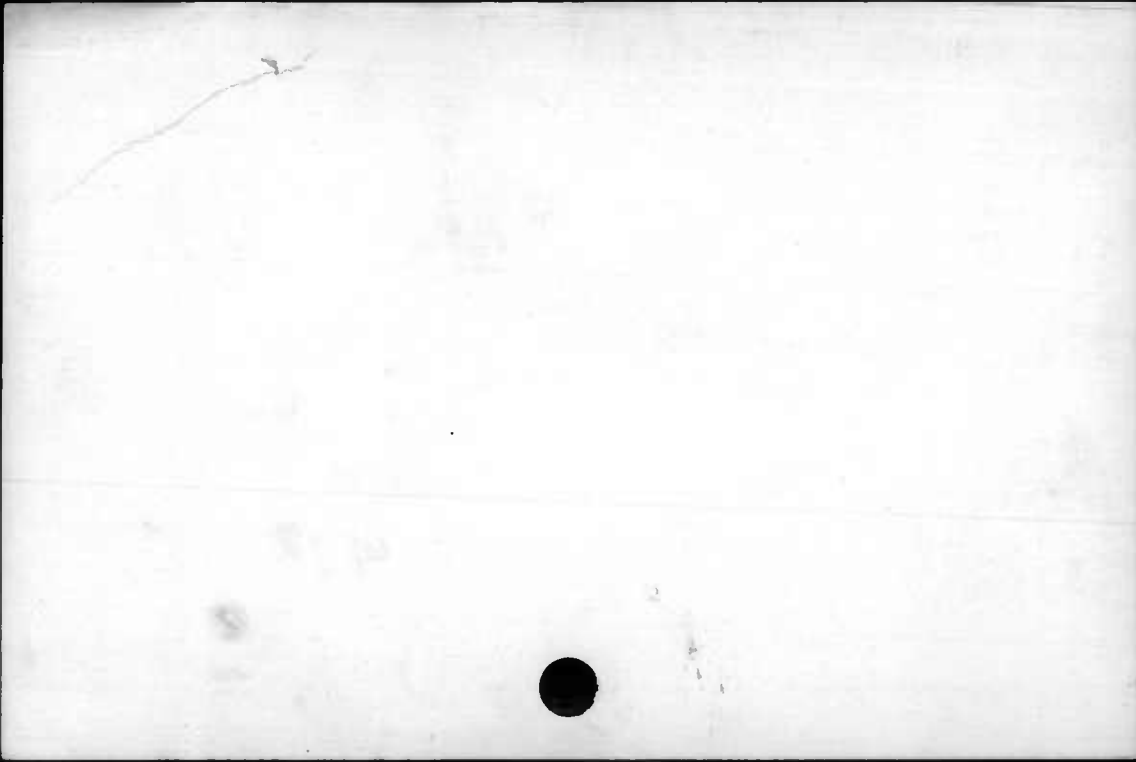
Yes

Signature of  
Physician

Address

J. P. Gowan  
Millington  
Md.

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

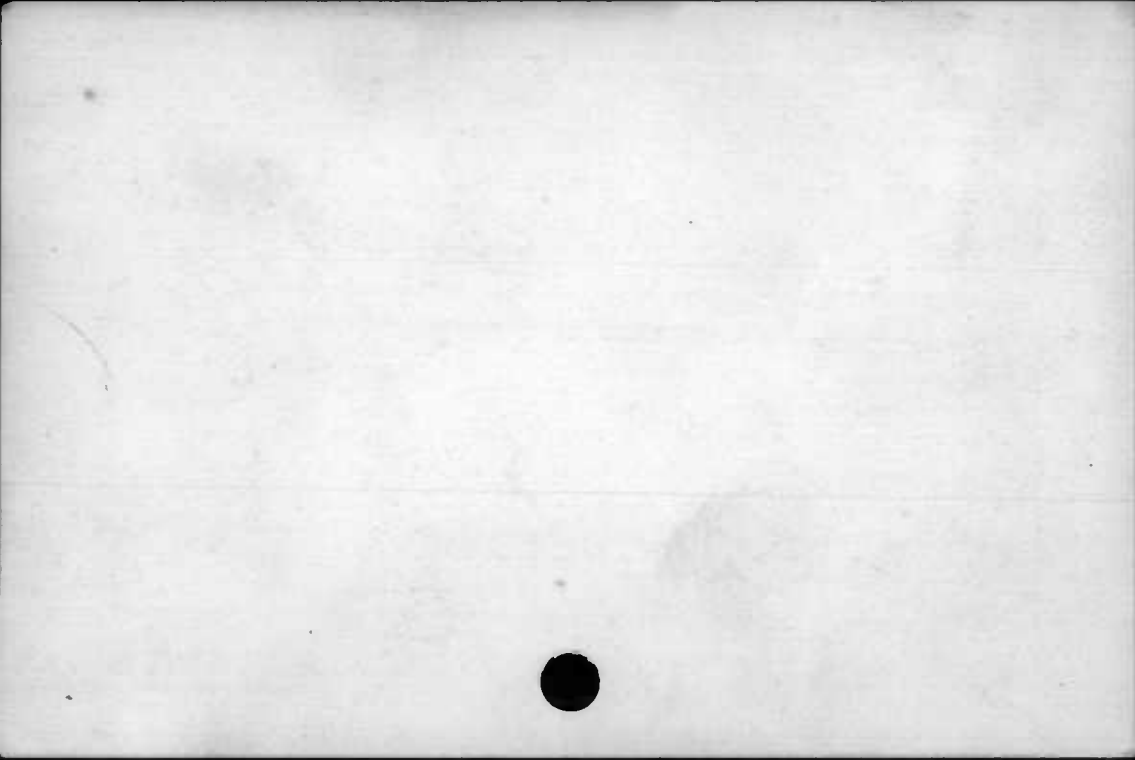
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mr. Church Hill</i>		Town <i>2 a Co</i>		County		MARYLAND	
Date of death	1905	Month	Oct	Day	8	Age	68 - 2 19
Sex	Male		Color or Race	White		Birth-place	2 a Co
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Rebecca Trump			
Father's Name	James Ralph				Father's Birthplace	Md	
Mother's Maiden Name	Julia Ross				Mother's Birthplace		
Name of person giving information	Mrs Fielder				How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Endocarditis</i>	How long	<i>3 months</i>
Immediate	<i>Endocarditis</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. J. Simmons</i>
		Address	<i>Cheltenham Md</i>
Accident or Suicide?	<i>No</i>		



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## CERTIFICATE OF DEATH

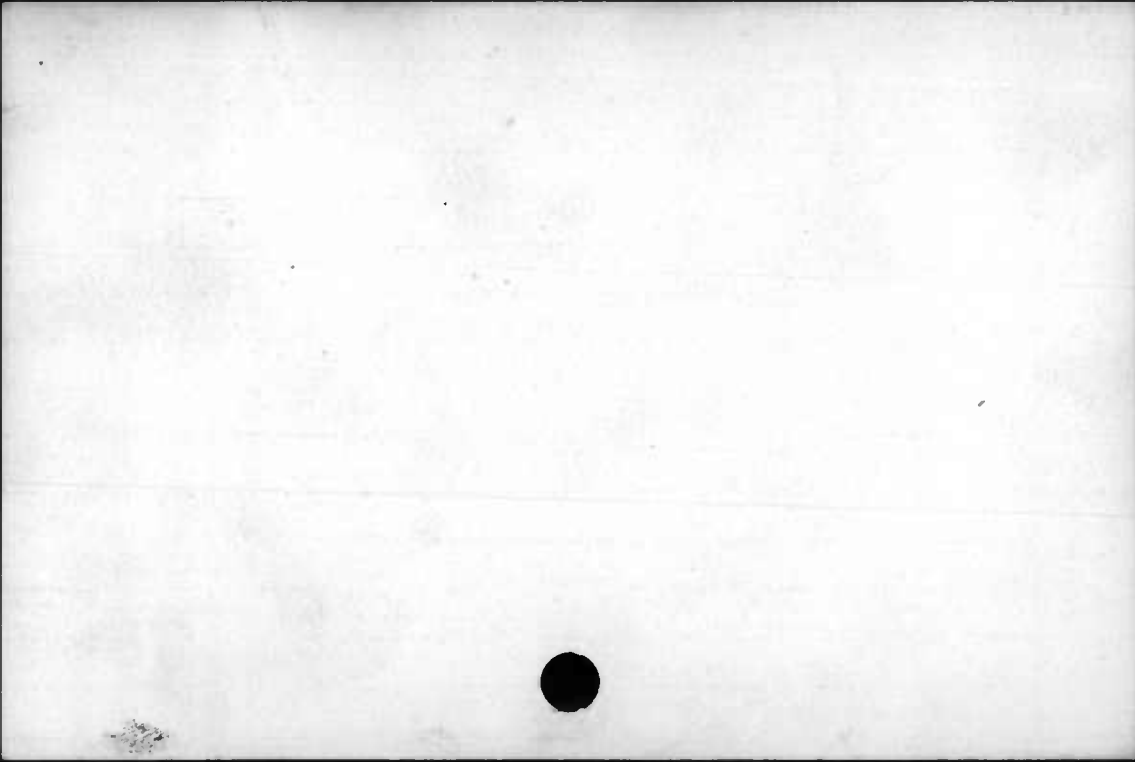
TO BE ANSWERED BY  
NEAREST FRIEND

Name Elizabeth Jane Roberts		Town Centerville Md		County Zumun		MARYLAND	
Died at		Date of death		Age		Months	
		1905 10 22		77		5 4	
Sex Female		Color or Race White		Birth-place Caroline W. Md			
Occupation Lady		Where Residing if not at place of death Florida					
<del>Widowed</del> Widowed		Name of <del>Widow</del> Husband Chas Roberts					
Father's Name Geo. R. Straughn		Father's Birthplace Caroline W. Md					
Mother's Maiden Name Nestie Roberts		Mother's Birthplace Caroline W. Md					
Name of person giving information Mrs Savage		How related to deceased Daughter					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia		How long 3 days	
Immediate Syncope		How long 2 minutes	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. M. Kraus MD	
		Address Centerville Z. A. Lee MD	
Accident or Suicide? no			



Henrietta Rochester

Town

County

Died at *Almo House**Queen Annes Co*

MARYLAND

Date 1905

Month Day

*Oct 9<sup>th</sup>*

Age

*75*

Native of

*2. A. Co*

Occupation

*Servant*~~Male~~  
Female~~White~~  
Colored~~Married~~  
Single~~Widow~~  
Widower~~Divorced~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Insane**68*  
~~How long sick~~

Death

Immediate

*Natural decay*

Accident, Suicide, Homicide

Reported by

*Dr J A Jackson*

Address

*Centerville**2 A. Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

